

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	EMBERT		04/05/01
O.I.P.E. CLASSIFIER			5/2/01
FORMALITY REVIEW	T.A.	50844	08/02/01
RESPONSE FORMALITY REVIEW	MA	852	11-28-01
		830	03-26-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	
4	
5	
6	
7	✓
8	✓
9	0
10	0
11	0
12	0
13	✓
14	0
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20	
21	✓
22	0
23	N
24	
25	
26	
27	✓
28	N
29	0
30	0
31	0
32	N
33	0
34	0
35	✓
36	0
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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852
 11/28